STATE OF MARYLAND

DHMH

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Office of Preparedness & Response
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May 10, 2007
Public Health & Emergency Preparedness Bulletin: # 2007:18
Reporting for the week ending 05/05/07 (MMWR Week #18)

Current Threat Levels:
National: **Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)**
Maryland: **Yellow (ELEVATED)**

REVIEW OF DISEASE SURVEILLANCE FINDINGS
COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic***	**Meningococcal***	*(non-suspect cases)
New cases:	* Data not yet released from Division of Communicable Disease Surveillance		
Prior week:	* Data not yet released from Division of Communicable Disease Surveillance		
Week#18, 2006:	2	-	

4 outbreaks were reported to DHMH during MMWR Week 18 (Apr. 29- May 5, 2007):

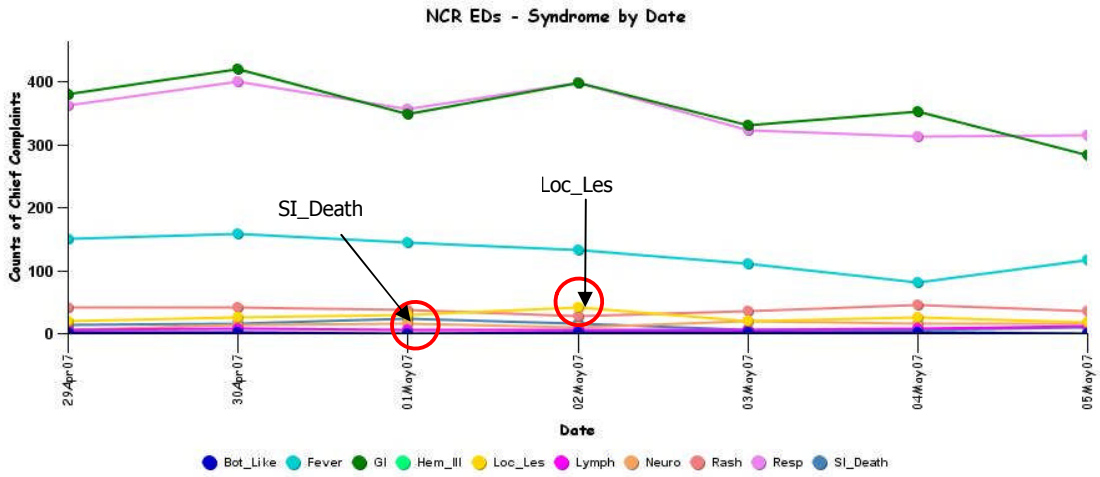
2 Gastroenteritis outbreaks
1 outbreak of GASTROENTERITIS associated with an Assisted Living Facility
1 outbreak of GASTROENTERITIS associated with a Prison

1 Foodborne Gastroenteritis outbreak
1 outbreak of FOODBORNE GASTROENTERITIS associated with a Farm event

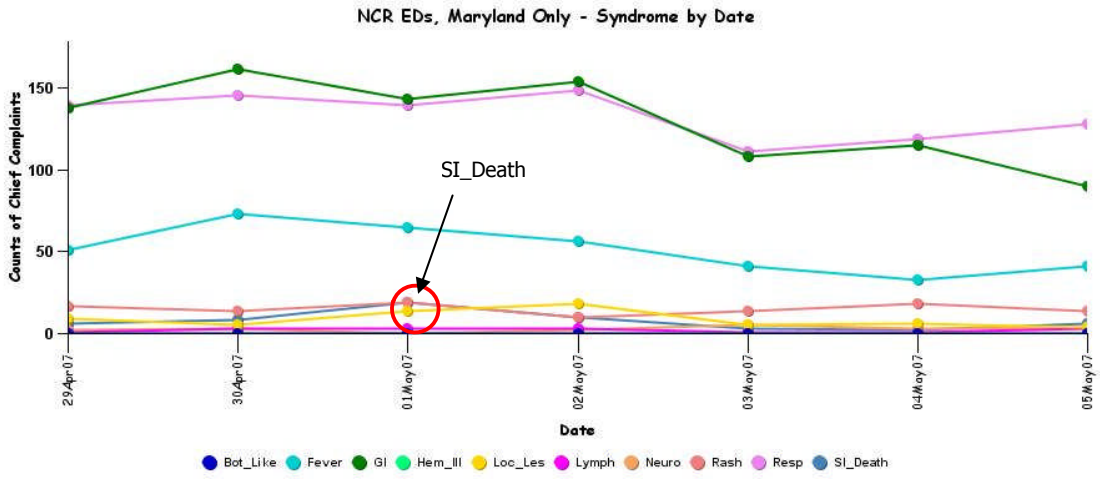
1 Respiratory illness outbreak
1 outbreak of INFLUENZA/PNEUMONIA associated with a Nursing Home

SYNDROMIC SURVEILLANCE REPORTS:

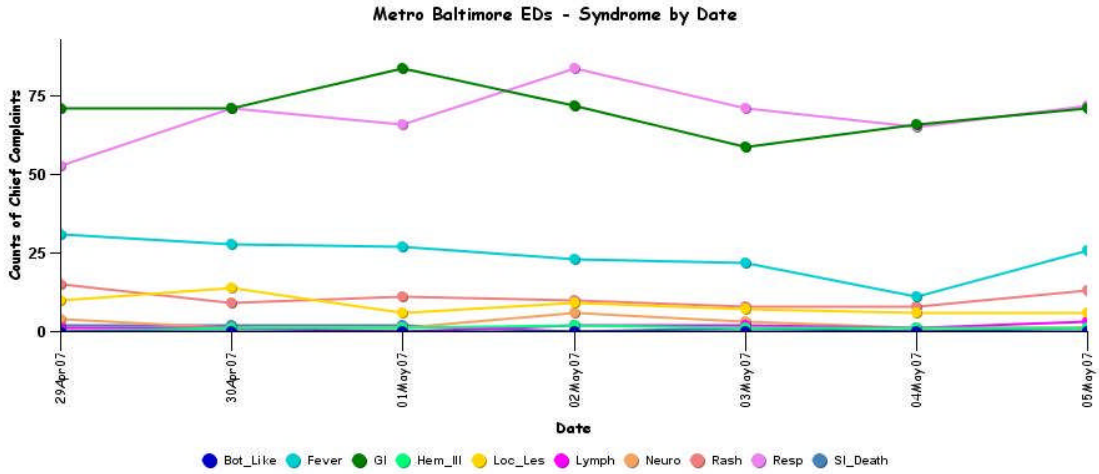
ESSENCE (Electronic Surveillance System for the Early Notification of Community-base Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only.
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness. * Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system

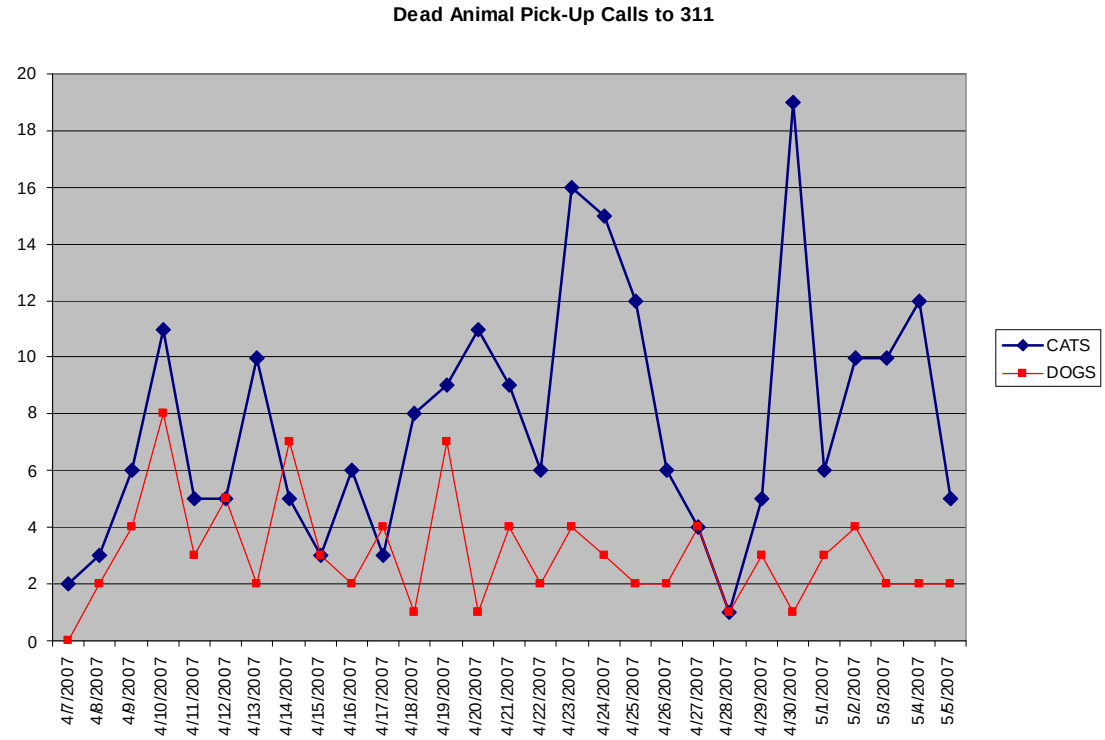


* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



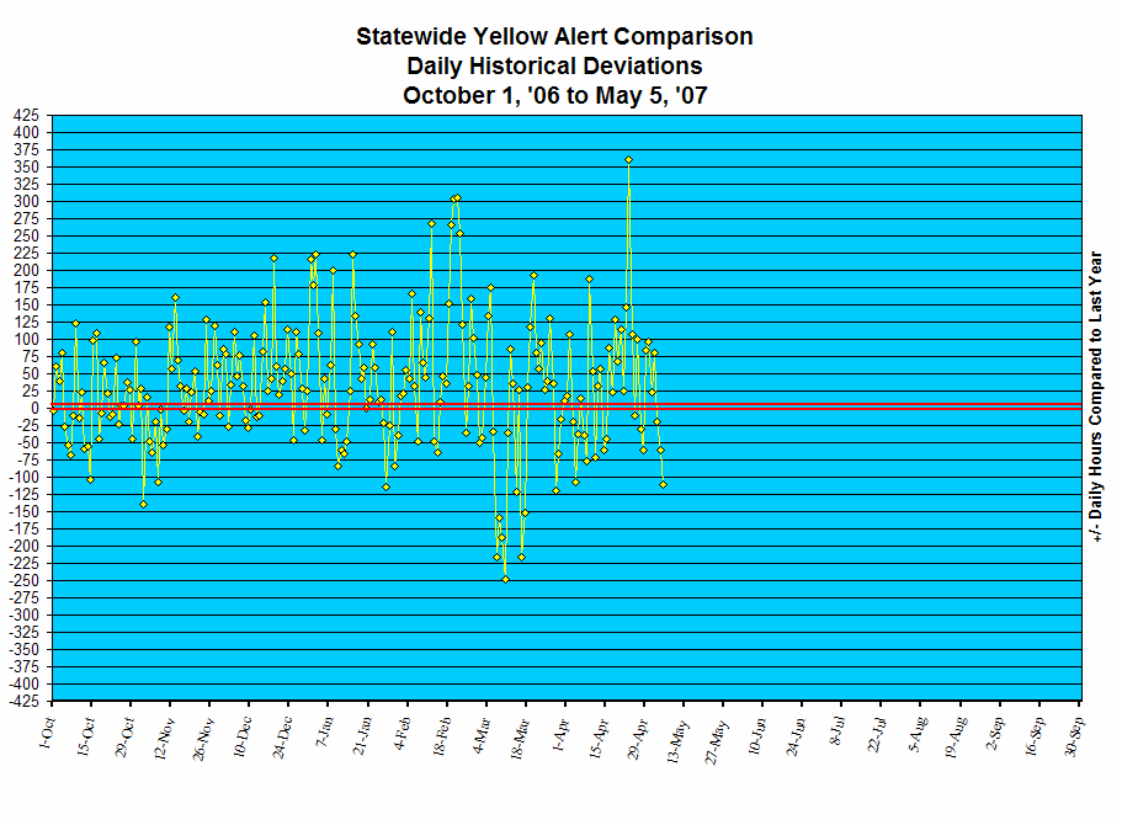
* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

Baltimore City Syndromic Surveillance Project: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.



REVIEW OF MORTALITY REPORTS:
OCME: OCME reports no suspicious deaths related to BT for the week

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION
YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.



NATIONAL DISEASE REPORTS:

CONTAMINATED ANIMAL FOOD (USA- Multi State): 3 May 2007, At least 2.5 million broiler chickens from an Indiana producer were fed pet food scraps contaminated with the chemical melamine and subsequently sold for human consumption, federal health officials reported May 1, 2007. Hundreds of other producers may have similarly sold an unknown amount of contaminated poultry in recent months, they added, painting a picture of much broader consumption of contaminated feed and food than had previously been acknowledged in the widening pet food scandal. Officials emphasized that they do not believe the tainted chickens - or the smaller number of contaminated pigs that were reported to have entered the human food supply - pose risks to people who ate them. "We do not believe there is any significant threat of human illness from this," said David Acheson, the Food and Drug Administration's chief medical officer. None of the farm animals is known to have become sick from the food and very little of the contaminant is suspected of having accumulated in their tissue. Thus, no recall of any products that may still be on store shelves or in people's freezers is planned, officials said. Nonetheless, 100 000 Indiana chickens that ate the melamine-laced food and are still alive have been quarantined and will be destroyed as a precautionary measure, as will any other animals that turn up as the investigation continues to expand. The revelations are the latest in a rapidly widening scandal that started out with reports of a few deaths of pets. It has mushroomed into a major debacle that, even if no human injuries emerge, has exposed significant gaps in the nation's food-safety system. In the 1st volley of what Hill watchers expect to be a series of proposed fixes, Sen. Richard J. Durbin (D-Ill.) and Rep. Rosa DeLauro (D-Conn.) introduced legislation that would give the FDA the power to order mandatory recalls of adulterated foods, establish an early warning and notification system for tainted human or pet food, and allow fines for companies that do not promptly report contaminated products. Meanwhile, the FDA expanded the number of plant-based protein products from China on its "do not import" list, pending the completion of further tests on various kinds of glutens, protein concentrates and other products. At the center of the problem are pet foods spiked with melamine, a mildly toxic chemical that can make food appear to have more protein than it does. Most of the food went to pets, but scraps were sold in February 2007 to the Indiana poultry producer, officials said. The contaminated material may have made up about 5 percent of the chickens' total food supply. That small fraction, and the fact that people, unlike pets, do not eat the same thing day after day, suggests that consumers who ate

contaminated pork or chicken would probably have ingested extremely small doses of melamine, well below the threshold for causing health effects, officials said. Experts conceded, however, that they know little about how the toxin interacts with other compounds in food. Investigators are tracking streams of the contaminated food through several states. "Our sense is that the investigation will lead to additional farms where contaminated feed may have been fed to either animals or poultry," said Kenneth Petersen of the Agriculture Department Food Safety and Inspection Service. Officials said the FDA has received 17 000 reports of pets that owners believe were sickened or killed by contaminated food. About 8000 reports, roughly half of them involving animals that died, have been formally entered into the FDA's tracking system for further analysis. U.S. investigators have arrived in China, officials said, but inspections of production facilities there have been hampered by the start of a week-long national vacation. "Essentially, all the officials are on holiday," said Walter Batts, part of the FDA's China team, adding that one Chinese official had stayed behind to help. (Food safety threats are listed in Category B on the CDC list of Critical Biological Agents)* Non-suspect case

PLAGUE, SEPTICEMIC (New Mexico): 4 May 2007, The New Mexico State Department of Health on Thursday confirmed a case of septicemic plague in a 49 year old San Juan County man. It is the first case of 2007 in New Mexico and the first in a San Juan County resident since 1999. The department will conduct an environmental investigation at the victim's home to determine if there is any continuing risk. Plague is generally transmitted to humans through bites of infected fleas. It can also be transmitted by direct contact with infected animals, including rodents, wildlife and pets. Septicemic plague occurs when the bacteria multiply in the blood. Health Department public health veterinarian Paul Ettestad said winter and spring precipitation has allowed rodents and their fleas to survive and multiply. (Plague is listed in Category A on the CDC list of Critical Biological Agents)* Non-suspect case

PLAGUE, SQUIRRELS, RABBIT (Colorado): 5 May 2007, Health officials report that 14 squirrels have died from the plague in the Denver, CO metro area in recent weeks. The latest case was discovered in Jefferson County near Chatfield and Wadsworth. Surveillance has increased in Denver's City Park after 3 squirrels and a rabbit were found dead from the plague there. Experts said there are no major concerns for people, although fleas can transmit the potentially deadly disease to people. "We see very few spillovers into humans," said John Pape of the State Health Department. "We don't see a lot of human cases. We've never had a situation where we've had hundreds of human cases like we had with West Nile Virus." Images of advanced plague in humans can be gruesome. But experts said those cases are rare and happen only when individuals fail to seek treatment in a timely fashion. (Plague is listed in Category A on the CDC list of Critical Biological Agents)* Non-suspect case

INTERNATIONAL DISEASE REPORTS:

CHIKUNGUNYA, SUSPECTED (India): 30 Apr 2007**,** While some private doctors in Dabhoi taluka have confirmed the occurrence of suspected chikungunya cases in village pockets such as Vadaj, Vadodara district health authorities denied this. Private doctors said that around 6 months back, some chikungunya cases occurred in these village pockets, and recently there were reports of about 15-20 cases of suspected chikungunya from the same area. On Wednesday Apr 25, 2007, a patient with suspected chikungunya from Vadaj village, Dabhoi taluka, was treated at the Dabhoi-based Ashish Hospital. A doctor from the hospital confirmed that clinical symptoms of chikungunya had been found in most of the cases, as the patients complained of fever and joint pain. "There are other village pockets near Sankheda taluka from where people with suspected chikungunya came to Ashish Hospital to be treated as outdoor patients," said the doctors. Meanwhile, a team of district health authorities reached the spot to survey the area. Dr Bhagwat Itare, Chief District Health Officer (CDHO), said that a pipeline leakage near Dabhoi has been cleared. "We found 12 people with viral fever, and the chikungunya tests were negative," he said (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents)* Non-suspect case

CHOLERA (Somalia): 30 Apr 2007, An outbreak of cholera and acute watery diarrhea is adding to the dire humanitarian conditions endured by the homeless in camps around the Somali capital, Mogadishu, medical sources said on Mon Apr 30. Hundreds of thousands of civilians have been displaced by 3 months of heavy fighting in the city. "We have had 1111 cases of cholera in our camp alone," said Hawa Abdi, a doctor, whose 64-acre compound, 12.5 miles south of Mogadishu, has been turned into a camp for displaced people. The mortality rate was still low, with only 15 deaths since the outbreak began in March 2007, she said. However, the displaced were getting weaker, she added, and diseases were likely to spread due to overcrowding and lack of proper sanitation facilities, and claim more lives. "If conditions do not improve soon, the mortality rate will most certainly go much higher," said Abdi. She said she was receiving reports on deteriorating health conditions from other camps where the displaced from Mogadishu have assembled. "I suspect the problem is related to the water people are drinking and the total lack of sanitation in the camps," she added. In a report last week, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) said the number of cholera/acute watery diarrhea cases in southern and central Somalia since Jan 1, 2007 was estimated at more than 17,000, with 600 deaths. The report said the cases were primarily concentrated in Mogadishu and the Lower Shabelle region, where most of the displaced went. "With continuing displacement and the onset of the Gu (long) rains, the number of cases is expected to continue to rise," OCHA warned. Abdi said her facility, which was receiving about 30 patients per day, was running out of such basic supplies as oral rehydration salts. "We are getting more and more people by the day and the supplies we have are not going to last very long." (Water safety threats are listed in Category B on the CDC list of Critical Biological Agents)* Non-suspect case

CHOLERA (Namibia): 2 May 2007**,** There has been an increase in the number of people dying from cholera and diarrhea in Ohangwena Region over the past 2 weeks. The Deputy Permanent Secretary in the Ministry of Health and Social Services, Simwanza Simenda, confirmed to New Era that as of May 1, 2007, 9 people had died from cholera with another 26 cases under treatment. Since February 2007 when the disease was detected in Namibia, there were no new cases reported until last month, when 33 diarrhea cases and 2 cholera cases were noted. Health authorities suspect that the disease spread through hand-washing rites at funerals where all mourners are required to wash their hands after the burial in a single dish containing herbs. In one incidence, 23 mourners contracted diarrhea and were admitted to Engela hospital. (Water safety threats are listed in Category B on the CDC list of Critical Biological Agents)* Non-suspect case

ANTHRAX, HUMAN, WILDLIFE (Kyrgyzstan): 3 May 2007**,** The case is a 40-year-old man living in the "1st May" village in the Sokuluk rayon, Chui oblast (North Kyrgyzstan). On Apr 12, 2007, he went fishing in Kazakhstan on the Chu River in the Phurmanovka area. On the way back home, he came across a saiga (antelope, presumably dead). The man butchered the saiga. The meat seemed to be bad, and he poured oil over it and set fire to it. On Apr 22, 10 days after having sampled and burnt the dead saiga, the man's right hand and forearm were covered with sores, his temperature had risen, and he suffered from fever and pain in his elbow. The sick man didn't consult a doctor, receiving treatment at home. By Apr 24, he felt worse and went to Sokuluk Regional Hospital. He was taken to the infectious diseases division of the hospital, but he left the same day. There was no prompt notice of the case. Later the same day, he went to Bishkek to the infectious diseases hospital where Dr. Obodoev K.I., a physician, examined him. The physician told him to go to Municipal Hospital 2 with a phlegmon diagnosis. But instead, the man consulted his sister's neighbor, a surgeon. The man received antibiotics intravenously and an analgin injection with benadryl. The surgeon advised him to consult a doctor at the infectious diseases hospital (IDH). On Apr 26, he went to IDH, where "anthrax, skin type" was diagnosed. The number of persons who had contact with him is being ascertained. The patient's blood and carbuncle content was taken and delivered to RCQEHD laboratory for investigation. An allergy test with anthracin was made and the test was distinctly positive. Preventive and anti-epidemic activities are being implemented in the focus area. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents)* Non-suspect case

AVIAN INFLUENZA-RELATED REPORTS

WHO update: The last update from the WHO of confirmed human cases of H5N1 avian influenza virus infection was on 11 April 2007. In this update, the cumulative global total was reported as 291 confirmed human cases and 172 deaths.

*Cases and outbreaks will be cited for suspect level with regards to suspicion of BT threat. Therefore, cases and outbreaks will be categorized as "Determined BT", "Suspect" or "Non-suspect".

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information is a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

Questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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